

**PRINTER RUSH**  
(PTO ASSISTANCE)

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*Query Check*

|                                |                                |                      |
|--------------------------------|--------------------------------|----------------------|
| Application : <u>10/758430</u> | Examiner : <u>Lee</u>          | GAU : <u>2818</u>    |
| From : <u>CA</u>               | Location: IDC FMF <u>(FDC)</u> | Date: <u>1/28/06</u> |

Tracking #: \_\_\_\_\_ Week Date: \_\_\_\_\_

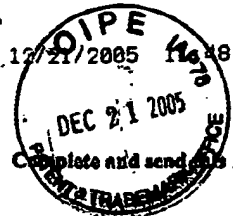
| DOC CODE                      | DOC DATE | MISCELLANEOUS                                |
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[RUSH] MESSAGE: please reapply fee to most recent NOA.

*Thank You*  
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[XRUSH] RESPONSE: None

**INITIALS:** RC



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PAGE 01/02

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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10/06/2005

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|                  |                    |          |
|------------------|--------------------|----------|
| Depositor's name | Signature          | Date     |
|                  | <i>[Signature]</i> | 12/21/05 |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10758430        | 01/14/2004  | Rahul Gupta          | 2003P12963US        | 5656             |

TITLE OF INVENTION: OPTIMAL BANK HEIGHT FOR INKJET PRINTING

| APPL. TYPE     | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO           | \$0       | \$0             | \$0              | 01/09/2006 |

| EXAMINER    | ART UNIT | CLASS-SUBCLASS |
|-------------|----------|----------------|
| LEE, CALVIN | 2818     | 438-021000     |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☒ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

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1. Anand Sethuraman

2. \_\_\_\_\_

3. \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE (CITY and STATE OR COUNTRY)

Osram Opto Semiconductors GmbH

Regensburg, Germany

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies \_\_\_\_\_

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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid fees (as to the application identified above). NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

*[Signature]*

Date 12/21/05

Typed or printed name

Anand Sethuraman

Registration No. 43,351

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PTOL-85 (Rev. 07/03) Approved for use through 04/30/2007.

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